Case 2:08-cv-00477-MSD -FBS Document 1 Filed 10/06/08

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF VIRGINIA

CLERK, US DISTRICT COURT

Lasis(N).

COMPLAINT UNDER CIVIL RIGHTS ACT 42 U.S.C. S 1983

Action Number 2:08cv 477

(To be supplied by the Clerk,
U.S. District Court)

Please fill out this complaint form completely. The court needs the information requested in order to assure that our complaint is processed as quickly as possible ant that all your claims are addressed. Please print/write legibly or type.

- I. PARTIES
- A. PLAINTIFF:
 - 1. (a) William Albert Rock (b) 371965 (inmate number)
 - (c) Haynes Ville Correctional Center (address)

P.O. Box 129 Haynesville, Va. 22472

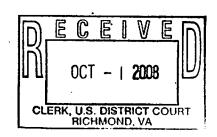
Plaintiff MUST keep the Clerk of Court Notified of any change of address due to transfer or release. If plaintiff fails to keep the Clerk informed of such changes, this action may be dismissed.

B. Defendant (s):

Plaintiff is advised that only persons acting under color of state law are proper defendants under section 1983. The Commonwealth of Virginia is immune under the Eleventh Amendment. Private parties such a attorneys and other inmates may not be sued under section 1983. In addition, liability under section 1983 requires personal action by the defendant that caused you harm. Normally, the Director of the Department of Corrections, wardens and sheriffs are not liable under section 1983 just because they supervise persons who may have violated your rights. These persons are liable only if they were personally involved in the alleged deprivation. In addition, prisons, jails, and departments within an institution are not persons under section 1983.

1. (a) D.T. Mahon, et al, (b) warden (title/job description)

(c) Haynesville Correctional Center (address)
P. O. Box 129 Haynesville, Vq. 12472



	2.	(a)		(b)		
			(name) ·	(title/job description)		
		(c)				
			(address)			
		-		•		
	3.	(a) _	(name)	(b) (title/job description)		
			(name)	(title/job description)		
		(c) _		•		
			(address) .			
	TC.1	•				
Provid	ir ther de all id	re are	additional defendants, please list them ing information for each defendant na	on a separate sheet of paper. ned.		
	Plaint	iff Mī	UST provide an address for a complian	t If plaintiff does not associate		
an add	iress for	r a def	fendant, that person may be dismissed	as a party of this action.		
	In add	lition,	plaintiff MUST provide a copy of the	completed complaint and any		
attach	ments f	or EA	CH defendant names.			
п.	PREVIOUS LAWSUITS					
A. impris	Have :	you ev :? Ye	ver begun other lawsuits in any state ores () No (v	federal court relating to your		
B.	If you	r answ	ver to A is YES: You must describe an	ny lawsuit whether currently		
pendin	ig or clo	osed, i	n the space below. (If there is more th	an on lawsuit, you must		
hereto.	oe each	lawsu	it on another sheet of paper, using the	same outline, and attach		
	1.	Parti	es to previous lawsuit:	•		
	Plaintiff(s)					
	Defendant (s)					
						
•	2.	Cour	t (if federal court, name the district; if			
	3.	Date	lawsuit filed:	·		
			·	• •		

	4.	Docket number:			
	5.	Name of Judge to whom case was assigned:			
	6.	Disposition (Was case dismissed? Appealed? Is it still pending? What relief was granted, if any?):			
Ш.	GRIEVANCE PROCEDURE				
A.	At what institution did the events concerning our current complaint take place? Haynesville Correctional Center				
В.	Does the institution listed in A have a grievance procedure? Yes (V No ()				
C.	If your answer to B is YES:				
•	i. Yes (Did you file a grievance based on this complaint? No ()			
	2.	If so, where and when: Haynseville Correctional center 5-14-2008			
	3.	What was the result? Un Founded .			
	4.	Did you appeal? Yes (N()			
	5.	Result of appeal: UnFounded			
D.	If there was no prison grievance procedure in the institution, did you complain to the prison authorities? Yes () No ()				
	If your	answer is YES: What steps did you take?			
E.	If your	answer is NO, explain why you did not submit our complaint to the prison ities.			

IV. STATEMENT OF THE CLAIM

[State here as briefly as possible the facts of your case.

Describe how each defendant is involved and how you were harmed b their actions. Also include the names of any other persons involved, dates and places of events. You may cite constitutional amendments you allege were violated, but do not give any legal arguments or cite any cases or statutes.

If you intend to allege several related claims, number and set forth each claim in a separate paragraph (Attach additional sheets if necessary.)]

I have been inconsenated since 11-26-2005, I have been unable to get proper dental care since. I first was in chesterfield jall then transfered to Riverside Regional Jail where I lost a filling and was seen by The dentist there, He did temporary work and explained that he wouldn't be able to do anything cloc because I was a D.a.C. Inmate. I was there for 18 months and he worked on this tooth 3 times and eventually had to extract it. I was then shipped to Deep Meadows Receiving CENTER Where I lost another filling and was unable to ger any Thing done other Than a dental exam, I was told by Their dental department that I would have to wait Till I gar to my final destination. I was transfered to Haynseville Correctional Center on 2-1-08. I put in a request fordental an 2-08-08 and was seen shortly after word by the dentist and was given a dental. exam and told that I had six covaties and that I would have to have Them repaired plus yer a dental cleaning before I could gera partial Plate. I asked about The rooth that was causing my pain That I had Written The request about and was rold that I noull have to Put in a request to get it worked on, when I stated that I had

done That on the request that I was there for, I was told That I had to have a dental exam and . That The work would have to go an another request. . I put in another request for the work on that tooth on 4-22-08 and was told That I would be put on . The list to see The dentist. I was told That we no longer have a dentist at This facility That he had Quit The third week in February. I waired to be called by dental to see the part time dentist that has been coming to the facility and wasn't called so . I Then filed an informal complaint on 5-6-08 and it was answered on 5-12-08 by Mrs Clarke, The dental hygenist stating that I was on the list to . See The denrist, and That There was not a dentist here . anylonger. So far at This point I still had received no dental care other than a dental exam. This exam .. did not help with the pain or with the fact that .. I am missing teeth and am having alor of difficulty . Chewing my food. I Then filed a regular grievance ., an 5-14-2008. On 5-29-2008 I was called to denryl by Mrs Clarke The dental hygenist and she explained . That we did not have a dentist and the one They had . Coming in part time was no longer coming. I was . given a dental extray by Mrs clarke and her and . The medical doctor reveiwed the expand the . doctor perscribed an antibiotic for lo days and . Motron for pain as needed for 30 days. The doctor . Then scheduled a relemed confrence with

with dental surgens at the Medical College of Virginia. I was told by The dentist hygenist That only my most severedental work would be addressed. I asked mrs clarke if all of my other dental work would have to get to This .. Point to get my work done and she said " Lord I hope not." On 6-14-2008 I was called to dental and seen by . The original dentist I had seen in February, He had come . in part Time, When I first got into dental There was Confusion That They had called The B wrong person, but . They went ahead and seen me. The denrise first asked me why I was There Then he reveiwed my Charr and . Told me That I had seen the doctor about my dental ... problem. Myself and Mrs Clarke explained to him That She and the doctor had reveiwed my exra. He Then said That he seen that I had been scheduled to have a telemed with M.C.V. and asked if I thought that was why I .. was There. I explained to him I was There because I . had been called There. He said There was nothing he was going to do on That day, I Then filed an emergency . grievence on 6/14/08 and again was told That I .. Was on a wairing listro see the dentist. I filed my level #1 greivance and received my response 6-19-08 . That it was unfounded. I wrote a letter to . Warden Makon on 6-19-08 explaining my dental struarion to him Thinking That maybe he could help me. I Then . Filed my level 2 grievance and received my . reply on 7-14-2008 and it was unfounded.

I am now coming to where I have to resort to a 1983 in hopes of gerting the much needed dental care. That I have a right to. My eight amendment right prohibiting against cruel and unusual punishment is in Violation by this facility imprisioning me and the sunable and for unwilling to render medical care as in (dental treatment) in a timely manor, and for transport or transfer me to a facility to render proper treatment. I continue to suffer from pain and am subject to possible infection, and am unable to chew food properly. In recompense for this I have been given motron and an antibiotic and told that I am on a wairing list for both a telemed confrence which will only prolong my suffering and a dentist.

In allowing this condition to continue has lasting effects.

Upon my health. The teeth in my mouth are growing crooked. I am forced to chew foods that are damaging my gums as well as not being able to chew properly is causing digestive problems.

I am affaid of hor and cold food or drink because of the Painthar they cause. One of the Cauaties is deep in the gum line and I fear that this is getting to the paint of causing bone domage in my jaw bone.

I was transported to Medical college of Virginia on 9-10-2008 and had (2) Two teath extracted. This has now compounded my dental problem by reducing the Number of teeth that I have remaining to Chew with. Since This extraction my gums have become more enflumed; sore and raw. I now have four teeth That meet that I can chew with, plus I still have four Cautries which remain. I am unable to eat properly and I am now losing weight.

٧.	RELIEF .
me fro	erstand that in a section 1983 action the Court cannot change my sentence, release om custody or restore good time. I understand I should file a petition for a writ of s corpus if I desire this type of relief. **MR** [please initial]
The pl	laintiff wants the Court to: [check those remedies you seek]
	award money damages in the amount of \$
<u> </u>	grant injunctive relief by Ordering That dental work be done in its entirity
	Other Ifdentilwork isn't done by release dure to cover destal expenses
VI.	PLACES OF INCARCERATION
	A please list the institutions which you were incarcerated during the last six months. If you were transferred during this period, list the date (s) of transfer. Provide an address for each institution.
	Haynesville Correctional center P.U. Box 129 Haynseville VQ. 22472
•	
VII.	CONSENT
over a Court	CONSENT TO TRIAL BY A MAGISTRATE JUDGE: The parties are advised r right, pursuant to 28 U.S.C. S 636 (c), to have a U.S. Magistrate Judge preside jury or court trial, with appeal to the District Court or direct appeal to the U.S. of Appeals for the Fourth Circuit. Do you consent to proceed before a U.S. Magistrate Judge: No []. You man consent at any time; however, any early consent is encourage. If you checked Yes, do you wish to have an appeal to the District Court or directly
	U.S. Court of Appeals? (Choose one) U.S. Court of Appeals
VIII.	SIGNATURE
If there	e is more than one plaintiff, each plaintiff must sign for himself or herself.
Signed Plainti	this 29 day of September ,3008. ff William Rock